

Doctor's address

Contact physician: XX

Treatment group: number

Patient-id: number

Date: dd.mm.year

**RE: Patient NN**

Dear doctor NN

For your information, we have carried out the randomisation procedure for <patient name>, who participates in the scientific study

*Treatment of patients with chronic functional disorders*

Your patient has been randomised to receive

**specialised treatment at our department.**

**Specialised treatment at our department** consists of 9 modules of cognitive behavioural therapy, 3.5 hours each, delivered in groups of 9 patients.

**At the same time, we are able to offer you consultancy service** meaning that you are welcome to contact us if you experience any kind of clinical problems with the patient that you want to discuss with us. In any event, we would be grateful to be informed of any major changes in the patient's treatment and initiation of new diagnostic procedures.

Since some kinds of problems are common for our patients, we **enclose general advice on the management of patients with chronic functional disorders / bodily distress syndromes**. Furthermore, we refer to our homepage, where additional information is available.

Your patient is scheduled to attend the first session of the group treatment at our department on <day>, <dd.mm.year>. We have informed the patient by mail.

Kind regards,

Per Fink, Ph.D., Dr. Med. Sc.  
Head of department

Emma Rehfeld, MD.  
Consultant, specialist in  
Psychiatry

Andreas Schröder, MD  
Senior resident psychiatry,  
research fellow

## **General advice on the management of chronic functional disorders**

### *Physical*

1. Make a brief physical examination focusing on the organ system from which the patient has (new) complaints.
  - Look for signs of disease instead of symptoms.
  - Avoid tests and procedures, unless indicated by objective signs of disease or a well-defined (new) clinical illness picture.
2. Reduce unnecessary drugs, do not use on-demand prescriptions, and avoid habit-forming medication

### *Psychological*

3. Acknowledge the reality of the patient's symptoms.
4. Be direct and honest with the patient about the areas you agree on and those you do not agree on, but be careful as not to make the patient feel ignorant or not respected.
5. Be stoic; do not expect rapid changes or cures.
6. Consider, whether worsening of or new symptoms can be perceived as emotional communication, rather than as manifestation of a new disease.

### *Psychopharmacological treatment*

7. The Research Clinic would be happy to give advice and be informed in case of psychopharmacological treatment.
8. Choose non-habit-forming medication, and, if possible, choose medication that can be serum monitored.
9. Start with a smaller dosage than usual and increase slowly. Be stoic about side effects.
10. Take regular serum levels in order to ensure compliance and to validate complaints of adverse effects.
11. Treat any coexisting psychiatric disorders according to usual guidelines.

### *Administrative*

12. If the patient has a job, sick leave should be accompanied by a specific treatment plan.
13. Try to become the patient's only physician and minimize the patient's contact to other health care professionals, doctors on call, and alternative therapists.
14. Inform your colleagues of your management plan and develop contingency plans for when you are not accessible.
15. In case of risk for drop-out: Motivate the patient to continue group treatment.

### *Additional information:*

1. Fink P., Rosendal M., Toft T. Assessment and Treatment of Functional Disorders in General Practice: The Extended Reattribution and Management Model – An Advanced Educational Program for Nonpsychiatric Doctors. *Psychosomatics* 2002;43 (2): 93-131
2. [www.functionaldisorders.dk](http://www.functionaldisorders.dk)